

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number		1416-17															
		First Named Inventor		Richard A. Cardemon															
<input type="checkbox"/> Declaration Submitted With Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e) required)		COMPLETE IF KNOWN																	
		Application Number																	
		Filing Date		December 18, 2001															
		Group Art Unit																	
		Examiner Name																	
<p>As a below named inventor, I hereby declare that:</p> <p>My residence, post office address, and citizenship are as stated below next to my name.</p> <p>I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: 80%;"> ADJUSTMENT METHOD AND APPARATUS FOR A BORING TOOL </div> <p style="text-align: center; margin: 5px auto; width: 40%;">(Title of the Invention)</p> <p>the specification of which</p> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="width: 30%;"> <input type="checkbox"/> is attached hereto </div> <div style="width: 30%; text-align: center;"> OR </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> was filed on (MM/DD/YYYY) <div style="border: 1px solid black; padding: 2px 10px; display: inline-block; margin-top: -15px;">12/18/01</div> </div> <div style="width: 10%; text-align: right;">as United States</div> </div> <p>Application Number and was amended on (MM/DD/YYYY) (if applicable).</p> <p>I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim, as amended by any amendment specifically referred to above.</p> <p>I acknowledge and hereby disclose information which is material to patentability as defined in 37 CFR 1.56.</p>																			
<p>I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Prior Foreign Application Number(s)</th> <th rowspan="2">Country</th> <th rowspan="2">Foreign Filing Date (MM/DD/YYYY)</th> <th rowspan="2">Check Only if Priority Not Claimed</th> <th colspan="2">Certified Copy Attached?</th> </tr> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></td> <td></td> <td></td> <td style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> </tr> </tbody> </table>						Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Check Only if Priority Not Claimed	Certified Copy Attached?		YES	NO				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:																			
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.																			
Application Number(s) 60/256,371 60/270,723		Filing Date (MM/DD/YYYY) December 18, 2000 February 22, 2001		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.															

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This Declaration is intended for U.S.
Divisional Patent Application Serial
No. 10/791,154, filed March 2, 2004
Attorney Docket: 1416-32

BEST AVAILABLE COPY

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT
Number

Parent Filing Date
(MM/DD/YYYY)

Parent Patent Number
(if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:



Customer Number

30565

Place Customer
Number Bar Code
Label Here

OR



Registered practitioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number
John V. Daniluck	40,581		

☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:



Customer Number
Bar Code Label

OR



Correspondence address below


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Address							
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:



A petition has been filed for this unsigned inventor.

Given Name (first and middle (if any))				Family Name or Surname			
Richard A.				Cardemon			
Inventor's Signature						Date	12-20-01
Residence: City	Muncie	State	Indiana	Country	US	Citizenship	US
Post Office Address	3564 Johnson Circle						
Post Office Address							
City	Muncie	State	Indiana	ZIP	47304	Country	US

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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This Declaration is intended for U.S.
Divisional Patent Application Serial
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Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.					
Given Name (first and middle (if any))				Family Name or Surname			
Joseph				Baker			
Inventor's Signature	<i>Joseph Baker</i>					Date	12-20-01
Residence: City	Farmland	State	Indiana	Country	US	Citizenship	US
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Post Office Address							
City	Farmland	State	Indiana	ZIP	47340	Country	US
Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
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Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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